

# Fitness Reimbursement Form For Anthem members in New Hampshire



## Important

Please read and follow the instructions located on the front and back of this form. You are required to complete all unshaded areas of the form by typing or printing clearly with a non-erasable ink pen.

This form will be returned if either: 1. The form is not completed with the required information, or;  
2. An original receipt is not attached to the back of this form.

Anthem Blue Cross and Blue Shield (Anthem) will send reimbursement to the subscriber when approved.

Please expect 6–8 weeks to process once Anthem receives this request for reimbursement.

## Member information

1	Last name	First name	M.I.
2	Member identification number – include 3-letter prefix	3 Date of birth (MMDDYYYY)	4 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5	Group (employer) name	Division number	

## Subscriber information

6	Last name	First name	M.I.		
7	Street address	City	State	ZIP code	Phone number
<input type="checkbox"/> Check box if this is a new address.					

## DO NOT WRITE IN SHADED AREAS – To be completed by SONH employee OR fitness center employee

8	Provider number <b>82-9999999-NH-01</b>	9	Workout period (MMDDYYYY) From: <input type="text"/> To: <input type="text"/>	10	Place of service <b>01</b>
11	Diagnosis code <b>R69</b>	12	Amount paid by member \$ <input type="text"/>	13	Date form completed (MMDDYYYY) <input type="text"/>
14	Procedure code <b>S9970</b>				
15	Fitness center name		16 Fitness center address		

## Signatures

17	We authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for fitness reimbursement. We agree to the information written above, and verify that the member met the requirements of the program.	
	Member signature <b>X</b>	Signature of fitness center employee <b>X</b>

The member signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this program.  
The fitness center employee signing this form confirms that the amount shown in section 12 is the fitness fee paid by the member listed above.

Turn over for instructions.

## Reimbursement instructions

The *Fitness Reimbursement Form* is to be completed by the member attending the fitness center and by a representative of the fitness center. Attach original receipts to the back of this form. **If you would like to transfer this benefit to a dependent, you must call the Customer Service number on the back of your ID card before submitting the form.**

### To complete this form:

1. Fill in all unshaded sections.
2. Sign the form. Also have a fitness center employee sign the bottom of the form.
3. Date the form when completed. Keep a copy for your records. (We will not return the form.)
4. Send the completed *Fitness Reimbursement Form*, and original receipt to:  
Claims Department  
Anthem Blue Cross and Blue Shield  
P.O. Box 533  
North Haven, CT 06473-0533
5. If you have any questions about this program, call the Customer Service number on the back of your ID card.

### Member reimbursement will be denied if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member while taking part in the program.
2. The member did not complete the requirements of the program.

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